

FD4008077246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

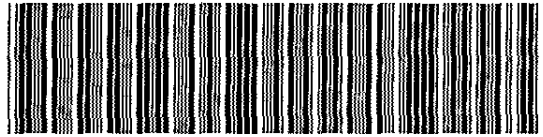
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

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04 MAY 13 AM 11:23

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 MAY 13 AM 11:20
DIVISION OF REGISTRATION

2-13-04

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Most High, ~~Co.~~ Council, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Tray L. Crump
Name (Printed or typed)

46 George Crump Rd
Address

Crawfordville FL 32307
City, State & Zip

850-926-8730
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Most High Council, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

46 George Crump Rd
Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Tray L Crump
46 George Crump Rd
Crawfordville FL 32327 CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Tray L. Crump
46 George Crump Rd
Crawfordville FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tray L. Crump
46 George Crump Rd
Crawfordville FL 32327

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Tray Crump
Signature/Registered Agent

5-13-04
Date

Tray Crump
Signature/Incorporator

5-13-04
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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